

The Yoga Leaf

Registration Form 2017

Name: _____

Address: _____

Preferred Phone #: _____ Email Address: _____

In case of cancellation you will be notified via email, unless otherwise stated! _____

Class, Day & Time: _____ Fee: \$ _____

Class, Day & Time: _____ Fee: \$ _____

Total: \$ _____

Prenatal students: What trimester are you currently in? _____

Please note any contraindications: _____

Please make checks out to 'The Yoga Leaf' and return to the below address!

'The Yoga Leaf' C/O Whimsy
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Framingham, Ma 01702

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